



OFFICIAL RESPONSES TO VENDOR QUESTIONS
Mobile Crisis Services and Supports for Opioid Use Disorder
RFP-2019-BDAS-09-MOBIL
October 8, 2018

No.	Question	Answer
1.	<p>It is unclear as to whether UCRT OUD staff is required to provide ongoing crisis stabilization services after the immediate crisis occurs.</p> <p>A) Will this be required? Please elaborate.</p> <p>B) If not, who is responsible for the post-crisis services?</p>	<p>A) Ongoing referrals to services and coordination of care beyond the initial crisis stabilization should be provided by the Hubs through facilitated referral.</p> <p>B) See A) above</p>
2.	<p>In Appendix F, Question 5, please define "formal written notification" of "non-compliance" and/or failure to "perform in accordance with contract provisions or requirements.</p> <p>A) Do the State Site Reviews of BDAS contracted providers constitute formal notification of being out of contract compliance?</p> <p>B) If yes, would this mean all vendors with a Site Visit Report on record would indicate "yes" to this question, given that all vendors had items identified by the state are requiring remedy on the site visit reports?</p>	<p>A) Yes, if a formal report or other written documentation was provided to the vendor.</p> <p>B) Yes, if you received notification that you were either in non-compliance or failed to perform in accordance with contract requirements.</p>

New Hampshire Department of Health and Human Services
Mobile Crisis Services and Supports for Opioid Use Disorder



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3.	<p>A) Is the on-call clinician required to respond to the crisis within the same time-frame as the crisis workers (1 hour)?</p> <p>B) Is this required to be in person, or can it be by phone?</p> <p>C) Can we use telehealth (face to face video) in lieu of in person?</p>	<p>a) If the individual is in need of clinical intervention to return to post-crisis functioning, the clinician must be available within the required timeframe.</p> <p>B) It can be by telephone</p> <p>C) Yes</p>
4.	<p>Is the \$1.2 million award for each awardee? Or is the \$1.2 million to be divided by up to three (3) awardees?</p>	<p>\$1.2 million to be divided by up to three (3) awardees</p>
5.	<p>When will we know who is Manchester's Hub?</p>	<p>The hub identification is anticipated within the month of October. However, vendors should propose their general plans to establish processes for coordination with a Hub regardless of the specific facility being named.</p>
6.	<p>A) How does the State envision these services working with current mobile crisis teams that respond to co-occurring disorders/mental health crises?</p> <p>B) Can these funds be used towards capital projects to create crisis units/apartments/shelter beds that operate similar to the current mental health crisis apartments operated through the State's Mental Health Mobile Crisis Response Teams?</p> <p>C) If so, how much funding and in what budget periods; what regulations need to be met regarding certification or licensure, if any?</p>	<p>A) The state encourages vendors to submit proposals that coordinate services with existing mobile crisis teams.</p> <p>B) These funds cannot be used to pay for bricks and mortar expenses. Funds can be used to pay for recovery housing that is consistent with National Alliance on Recovery Residence Standards.</p> <p>C) See the response to B) above.</p> <p>D)Yes</p>



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	<p>D) If not, can the vendor use other sources of funds to create these crisis units/apartments/shelter beds and use staff paid for through this mobile crisis initiative to supervise the units and provide services to the program participants during their stay?</p>	
7.	<p>Section 1.1.</p> <p>A) Regarding “regions identified as having the highest need for mobile services”, does the State already know the data referenced/the regions in which the need is the highest or should the vendor indicate this in their response?</p> <p>B) If the vendor is to indicate this, where in the narrative response (what question) should the need for services be described?</p> <p>C) If the State already knows which regions have the highest need for mobile crisis services, can you share that?</p> <p>Page 4</p> <p>D) While trying to meet the individuals’ needs, how can we interrupt this care to obtain their insurance information for billing?</p>	<p>A) The Vendor should indicate this in their response.</p> <p>B) Q1</p> <p>C) See response to A) above.</p> <p>D) The vendor should propose their plan for how they will work with the client at an appropriate time to identify insurance coverage for any reimbursable services rendered.</p>



8.	<p>Sub-section 1.2, Page 5 Regional HUB for SUD Services.</p> <p>A) Will Dartmouth-Hitchcock be considered the HUB for the Lebanon region?</p> <p>B) Is there another HUB area being considered?</p>	<p>A) The hub identification is anticipated within the month of October. However, vendors should propose their general plans to establish processes for coordination with a Hub regardless of the specific facility being named.</p> <p>B) The general locations for the hubs are listed on Page 5. See response to A) above.</p>
9.	<p>Sub-section 3.1.1.</p> <p>A) What is the definition of, “a person in crisis due to an opioid use disorder or post-overdose”?</p> <p>B) Can a person with SUD other than an OUD use be served using these funds/resources? Page 6 Covered Populations</p> <p>C) Does this include individuals under 18?</p>	<p>A) The vendor should propose how they will define eligible populations based on the target population in Sub-section 3.1.1</p> <p>B) These funds are limited to individuals with OUD, understanding that vendors may not know the diagnostic status of the individual they are responding to a crisis for.</p> <p>C) Yes</p>
10.	<p>Sub-section 3.2.2.2.</p> <p>A) When would it be appropriate to contact a HUB clinician vs an internal clinician, given the 24/7 requirement of the HUB to provide services?</p> <p>B) Can the State provide clarity on when the mobile crisis staff would be utilized versus a HUB staff member for phone triage?</p> <p>C) When is it appropriate to utilize the mobile crisis phone line vs the statewide crisis phone line vs the regional HUB phone line?</p>	<p>A) The vendor should propose their plan to coordinate with the hub clinician as they deem appropriate based on the individual’s needs.</p> <p>B) The mobile crisis staff would be referred to by either a hub, law enforcement and/or first responder, when it is identified that the person is in need of mobile crisis services. The mobile crisis line is not expected to have an outward facing number for public use.</p> <p>C) See response to B) above.</p>



11.	Sub-section 3.2.2.2.1. Staffing to screen incoming referrals. A) Which type of provider can conduct the initial screening?	A) Any provider eligible to screen for services.
12.	Sub-section 3.2.2.2.3. “Developing a screening protocol for evaluating clinical and/or other safety concerns which include but are not limited to”: A) Persons experiencing and overdose or opioid use disorder have increased risk of suicide, who/what type of provider does DHHS intend to provide access for suicide risk?	A) The vendor should propose their staffing plan, including the qualifications of staff that would be appropriate to meet the requirements in the scope of work.
13.	Sub-section 3.2.4., page 9 A) Can the agency have a substance use disorder clinician at their headquarters and potentially partner with a mental health provider at another agency?	A) Yes.
14.	Sub-section 3.2.4.1. “The team must have ability to provide community-based face-to-face assessments and interventions for people immediately post-opioid overdose or experiencing an OUD crisis, in order to de-escalate without removing the individual from their homes and/or community programs, consistent with safety protocols. Crisis response can occur at multiple locations (the majority will	A) Yes, as long as the individual(s) is connected to the hub for ongoing care coordination and the results of the assessment and/or evaluation are shared with the hub for data collection purposes. B) See answer to B) above



	<p>occur in/at the individuals' home or other natural environments), including but not limited to..."</p> <p>A) Can the OUD MCR team refer a client for evaluation by a Mental Health MCRT Crisis Clinician?</p> <p>Page 9</p> <p>B) This section states that the agency has to connect the individual with the regional HUB for assessment. Can the agency instead do the assessment with clinicians at the agency?</p>	
15.	<p>Sub-section 3.2.4.3. "The team must work to stabilize individuals as quickly as practicable and assist them in returning to their pre-crisis level of functioning".</p> <p>A) Whom/what type of provider does DHHS intend to determine that the client has returned to "pre-crisis" level of functioning?</p>	<p>A) The vendor should propose their staffing plan, including the qualifications of staff that would be appropriate to meet the requirements in the scope of work.</p>
16.	<p>Sub-section 3.2.4.7, page 10 GPRA</p> <p>A) Who is responsible for GPRA collection?</p> <p>B) The HUB or the Mobile Crisis Unit?</p> <p>C) Once someone is referred to another organization how do we keep track of them?</p>	<p>A) The Regional Hubs.</p> <p>B) See response to A) above.</p> <p>C) The vendor is responsible for facilitating access to an individual's regional hub. Once the individual is known to the hub, the hub is responsible for keeping track of the individual.</p>



17.	<p>Sub-section 3.2.5. page 10</p> <p>A) The RFP states after the initial encounter, continued care has to be provided to clients. How long does this apply for and does it apply for every client post initial encounter?</p>	<p>A) All services are based on client needs. Continued care may be provided by the mobile response team or through warm handoff to the client's regional hub.</p>
18.	<p>Sub-section 3.3.1. "At a minimum, the selected vendors must ensure that Peer Recovery Coaches , as part of the OUD MCRT have:"</p> <p>A) Does DHHS intend to have a CRSW diagnosis and provide services outside their scope of service?</p> <p>B) What/how does DHHS envision CRSW's providing crisis response services within an OUD MCRT Model?</p>	<p>A) No. The vendor may have peer recovery coaches and CRSWs that meet the requirements in Sub-section 3.3.1. There is no requirement for diagnosing an individual in this section. The MCRT must have a clinician to provide the services that are outside the scope of a CRSW or peer recovery coach as outlined in Sub-section 3.2.2.2.</p> <p>B) The vendor should propose their staffing plan, including the role CRSWs will play in the proposed model.</p>
19.	<p>Sub-section 3.4.1.1. page 11</p> <p>A) The RFP indicates that the program has to be operational by January 1, 2019. If the agency encounters workforce development issues, can the start date be pushed back?</p>	<p>The vendor would need to work with the Department on an alternative timeline as specified below:</p> <p>Sub-section 3.4.1.1. Describes the action steps to be taken by the selected vendors to ensure OUD MCRT are fully operational by January 1, 2019, unless an alternative timeline has been approved by the Department.</p>



20.	<p>Sub-section 3.7.1.1., page 13 42 CRF Part 2</p> <p>A) How does this confidentiality work when switching someone to another facility?</p> <p>B) Someone may be incoherent when we get to them and unable to sign the confidentiality agreement and once transferred to another facility or the HUB, we lose them. These people may be in active withdrawal or have other hindrances that could make it difficult for them to think about signing this. How do we overcome this barrier?</p>	<p>A) Vendors are expected to establish information sharing agreements and adequate consent policies in accordance with 42 CFR Part 2.</p> <p>B) The Department will work with selected vendors to provide technical assistance and solutions around circumstances such as the one presented.</p>
21.	<p>Sub-section 3.7.1.6., page 14</p> <p>A) What exactly is meant in this section for financial aid for recovery housing?</p> <p>B) Does the financial aid apply for every known recovery housing facility within the state or is it by region?</p>	<p>A) Assistance with paying for rent or monthly fees associated with residing in a recovery residence.</p> <p>B) For any recovery housing facility within the state as long as the facility is aligned with the National Alliance for Recovery Residences standards and registered with the State of New Hampshire, Bureau of Drug and Alcohol Services in accordance with current NH Administrative Rules.</p>



22.	<p>Sub-section 4.1.2., page 17 Funds available for this scope of work include \$1.2M for FY19 and \$1.26M for FY20.</p> <p>A) How much is allotted to the Upper Valley?</p> <p>B) Is it a block grant that will be issued or a fee for service?</p>	<p>A) Funds will be determined based on budgets submitted by vendors.</p> <p>B) Funds are provided on a cost reimbursement services basis with the exception of start-up funds that may be requested to ensure program start by the January 1, 2019 date.</p>
23.	<p>Sub-section 7.3.2.</p> <p>A) Can we provide just one copy of the audited financials and an electronic copy, rather than a total of six sets of audited financials and an electronic copy?</p>	<p>Six (6) copies of your Technical and Cost proposals must be submitted as indicated in Sub-sections 7.1.3. and 7.1.4.</p>